

Cape Health ups the innovation bar



Western Cape Education and Health Ministers respectively, Donald Grant (left) and Theuns Botha, at the Western Cape's first-ever Wellness summit held in November last year.

Picture: Chris Bateman

While the National Health Department weighs up attractive collaboration options with the private sector ahead of National Health Insurance, its Western Cape counterpart already has a range of partnership projects up and running. These include renal dialysis, oncology, mammography and commercial naming rights at health facilities.

This emerged at the first-ever Western Cape Wellness Summit held at Kelvin Grove, Newlands, on 8 November last year, when entrepreneur-come-Health MEC Theuns Botha outlined existing projects and future plans to reduce the mounting burden of disease. The need for a redirected health strategy in the relatively well-off Western Cape province is touted as being at least as urgent, if not more so than nationally, because of the major influx of people from neighbouring provinces and countries. Botha said informal surveys indicated that one in five patients presenting at Western Cape health facilities now spoke either Portuguese or French.

He told delegates the idea was not to touch taxpayers' money currently budgeted for public healthcare services, but rather to partner with the private sector in a number of ways, including transactionally. Government could for instance buy out bulk services from the private sector at favourable rates. 'While we can't give you free gym membership or discounts on flights, we have our incentives that will, for example, result in annual free health testing, not at clinics, but at schools,

churches and sports centres for every single citizen.' Two internationally regarded auditing firms (Ernst and Young and Price Waterhouse Coopers) were appointed at the outset to help guide the new Wellness vision, using a variety of collaborative devices to draw in the private sector.

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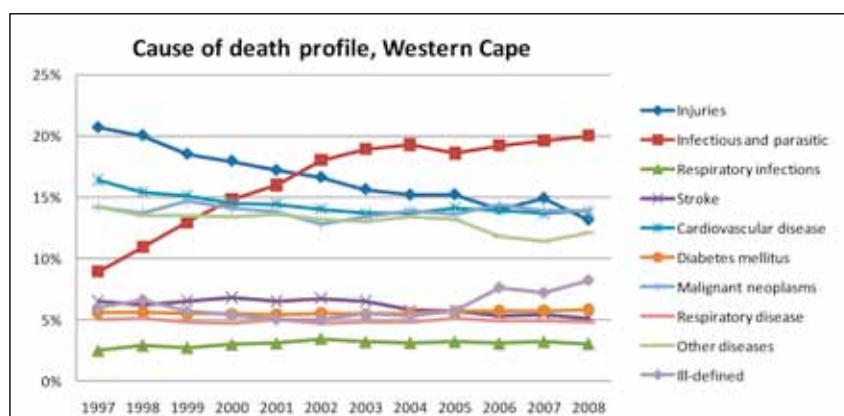
Giving fixed business at a reduced rate

Expanding on the vision to *Izindaba* at the summit, Botha eschewed traditional private/public partnerships, saying he 'preferred to share services with the private sector and trying for a win-win, where expanded services benefitted the public. For example, in George neither the province nor GVI Oncology found it viable to offer oncology service, covering the Southern Cape and Central Karoo. However, by joining forces with fixed business for GVI, at a reduced rate, fewer patients now had to travel to Groote Schuur Hospital for their six weeks of

chemotherapy. Instead, they were treated in George far sooner and much closer to home. This partnership ensures that many patients are now able to access either life-prolonging or life-saving therapy. Another long-standing contentious area in health economics is renal dialysis. A pilot partnership with global player Fresenius at the recently refurbished Worcester Hospital means that six instead of three patients now get dialysis weekly. Botha said the intention is to roll this kind of service partnership out to every provincial hospital, bringing improvement to both quality of life and enriched opportunities to patients who needed three-hour dialysis two to three times a week. 'Can you imagine what this means to a Murraysburg mother of three who held down a very good job, but previously had to travel twice a week to George?' he asked.

A year-old mobile mammography platform with the Cause Marketing Foundation and their Pink Drive project had targeted high-prevalence breast cancer areas and offered breast cancer screening at primary healthcare clinics. Files are opened inside the clinic, the patient is referred to the mobile Pink Drive unit at the clinic and, if indicated, the patient is referred to Tygerberg Hospital for further tests and treatment.

A year-old mobile mammography platform with the Cause Marketing Foundation and their Pink Drive project had targeted high-prevalence breast cancer areas and offered breast cancer screening at primary healthcare clinics. Files are opened inside the clinic, the patient is referred to the mobile Pink Drive unit at the clinic and, if indicated, the patient is referred to Tygerberg Hospital for further tests and treatment. A panel of experts at Tygerberg Hospital decides on the optimal treatment regimen, often less radical and more cost efficient, because of the earlier detection. The province has also come up with an innovative way to deal with the perennial problem of patients struggling to access chronic medication by signing a contract (five years ago) with a company that set up a Central Dispensing Unit (CDU). Currently 60% of the Cape Metropole's provincial health clinics send chronic medicine prescriptions to the CDU, where they get pre-packed



(170 000 scripts a month) and delivered to patients' homes. In the past, medicines went back to the prescribing facility, forcing the patient to travel twice. Botha said between 30% and 35% of all patients at primary health clinics were on chronic medication. The CDU concept would be rolled out across the province, using contract couriers and the 3 700 home-based carers attached to 'credible NGOs' to ensure treatment adherence. Botha emphasised that the home deliveries only kicked in once clinic staff were satisfied the patient was adhering to their drug regimen. This meant someone on chronic medication could get up to three months of drug supply on prescription, saving them an 'enormous amount of trouble' and taking major pressure off overburdened clinics.

Taking a leaf out of sports' book

One of the projects that took the longest to get off the ground is the selling of opportunities to the private sector to attach their names to provincial health facilities in return for major upgrading. The idea has long been used at top sports stadiums across the country, but here it would be benefitting mass health outcomes rather than mass leisure-time activities. 'The aim is to get them to use their current corporate social responsibility budget for

this and to commit a certain amount of money for five years. They get branding rights and we upgrade. Imagine what we can do to our 600-plus facilities!' Botha enthused.

Our premise for the past two years has been very simple: health and wellness are the outcomes of a developed state whilst also being the prerequisites for a state to develop. To achieve our mid- and long-term outcomes, we are reliant upon upstream interventions, such as health education, parenting classes, universal access to early childhood development, sport and creative programmes after school – to name but a few.

Western Cape Government Health is in the process of setting up a completely independent Health Foundation that will be run and managed entirely by the private sector. Its main purpose however will be to house partnerships with the intent of stretching the health rand and of improving overall societal wellness outcomes. Sixteen areas of collaboration

have been identified by the private sector, after in-depth consultation. These will be the focal points once the Foundation is constituted in 2012. Said Botha: 'It's bullet-proofed against any kind of government interference and identifies *bona fide* service delivery gaps where government's budget cannot stretch, but where they can be pivotal in increasing access to and quality of services'

Botha is well qualified to be the lead MEC in the new Wellness initiative built on 'transversal services' across departments in his government. He has been an entrepreneur, property developer and business owner and describes himself as 'a farmer on the side' – Arabian horses and dairy.

Adds his special advisor, Head of Strategic Partnerships in the province, Amanda Brinkmann, also a former privateer: 'We're obsessed with honouring the Constitution, service delivery and client service. This portfolio cuts across all ministries – our premise for the past two years has been very simple: health and wellness are the outcomes of a developed state whilst also being the prerequisites for a state to develop. To achieve our mid- and long-term outcomes, we are reliant upon upstream interventions, such as health education, parenting classes, universal access to early childhood development, sport and creative programmes after school – to name but a few, in order to change the downstream outcomes and alter the trajectory of the burden of disease. This summit was the first step towards mobilising all sectors of society to partner with government so as to collaborate towards breaking the cycle of poverty, despair and hopelessness.'

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